

STATE OF CONNECTICUT
DEPARTMENT OF ECONOMIC & COMMUNITY DEVELOPMENT
STATE FINANCED ELIGIBLE HOUSING PROJECTS
RENTAL REHABILITATION HOUSING PROGRAM
REQUEST FOR FINANCIAL ASSISTANCE FORMS



**THIS REQUEST MUST BE SUBMITTED TO
YOUR REGIONAL DEVELOPMENT MANAGER**

Your Regional Development Manager is:

The Regional Development Manager shall type in there
name, address and phone number in this space.

**REQUEST FOR HOUSING REHABILITATION
FINANCIAL ASSISTANCE FORMS**

**The Department of Economic and Community Development
Infrastructure and Real Estate Division**

DECD use only
Received date _____
Received by _____

**This form must be filled-out and submitted to your Regional Project Manager
with a cover letter request for State housing rehabilitation financial assistance.**

A. Data:

Date: _____

Owner: _____

Address: _____ CT. _____

Contact Person: _____

Telephone #: _____ Fax #: _____

B. Financial Assistance Requested For:

Project Name: _____ Project Number: _____

Number of units involved: _____ Number of buildings involved: _____

Street Location of project: _____

Type of Housing: _____

C. Description of requested capital improvement work: (include on an attached sheet if space is insufficient)

D. Reason for request: (include on an attached sheet if space is insufficient)

E. Degree of Urgency Reference:

- | | |
|--|---|
| 1A= Urgent need-May be a threat to life. | 2=Moderate code violation or deterioration-Affect the health, safety or welfare of tenants. |
| 1= Eminent need-May if unattended, result in a threat to life. | 3=Minimum essential renovation & improvements-Maintain structures from future deterioration |

F. Estimated Improvement Work Cost:

1. Explain how you arrived at the estimated cost: _____

Estimated Construction Cost

Work Item(s)	Indicate Degree of Urgency for each item in each box	Estimated Cost
1. _____	<input type="text"/> \$ _____	
2. _____	<input type="text"/> \$ _____	
3. _____	<input type="text"/> \$ _____	
Sub-Total Estimated Construction Cost		\$ _____

Estimated Soft Cost

2. Consultant fee if applicable	\$ _____
3. Advertising & printing	\$ _____
4. Contingency- 10% of estimated construction cost	\$ _____
5. Clerk of the works if applicable	\$ _____
TOTAL ESTIMATED IMPROVEMENT PROJECT COST	\$ <input type="text"/>

Certifying Representative

Date

Title

Department of Economic & Community Development
Request for Housing Rehabilitation Financial Assistance Application Form RR-2
Asset Management Division:

Date of Last Approved Management Plan _____

Date of Last Financial Statements: _____

From the **Balance Sheet**:

Amount of RM & R _____

Plus: Unapp. Retained Earnings _____

TOTAL Amount Available _____

From the **Operating Statement**:

Annual Provision for RM & R _____

Date/Amount of last increase to Base Rent/Carrying Charge _____ Date
 _____ Amount

Current % of income used to calculate tenant rent _____ %
 (Not applicable to LEC program)

Reserves expended in most recent 3 years:

Description	Amount	Year Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reserves committed for work in progress:

Description	Amount	Date Commenced
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reserves planned for:

Description	Amount	Date Will Commence
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: The information in this application must be current within six (6) months of the Bond Commission submission.